



Department of Planning and Development
Pressure Systems Inspection
Refrigeration Licensing
P. O. Box 34019
Seattle, WA 98124-4019
(206) 684-5174

APPLICATION

For Refrigeration Operating Engineer License

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Day Phone: _____

Date of Birth: _____

I certify that the information on this application is true:

_____ Date: _____

Signature of Applicant

----- *For office use only* -----

Data Entered By: _____ Date: _____

License Issued: ☐ Yes ☐ No

Customer Number: _____

Print your name: _____ License type (check one): Freon Only _____ Ammonia Only _____ Both _____
 Are you familiar with the American Standard Safety Code for Mechanical Refrigeration (B9.1) and the current Seattle Mechanical Code's refrigeration regulations?

RECORD OF EXPERIENCE

Title, Occupation or Trade	Dates of Employment	Nature of your duties. Give details. List the types of refrigeration's you are familiar with.	Name and address of Employer
	Years: Months: From: To:		
	Years: Months: From: To:		
	Years: Months: From: To:		

EDUCATION AND TRAINING RELATED TO REFRIGERATION

Name of Course	Name of Institution	Course Length/Completion Date	Course Description (include subjects covered)